

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1962

-62-019444

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

76

VS 300
Rev. 4/59

1 0550
2 04952
3
4 0
5 1
6
7 0
8 0
9 X
10
11 055
12 91-0
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentworth		c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HiWay #37		d. STREET ADDRESS (If outside, give location) 207 Golf Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Howard Last Butler		4. DATE OF DEATH May 24, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-17-1928
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CPA		10b. KIND OF BUSINESS OR INDUSTRY Vaisey-Briston Shoe Co.	
11. BIRTHPLACE (City and state or country) Neosho, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Troy Butler		13b. MOTHER'S MAIDEN NAME Dathon Dublin	
14. NAME OF HUSBAND OR WIFE Sue Butler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#2	
16. SOCIAL SECURITY NO. WW#2		17. INFORMANT Mrs. Sue Butler, 207 Golf Rd. Webb City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck		INTERVAL BETWEEN ONSET AND DEATH None	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Single Car Automobile Accident	
20c. TIME OF INJURY Hour 5:28 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 5-24-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Webb City, Missouri		20f. COUNTY Missouri STATE Missouri	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at 5:28 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Rozellen E. Kohberg M.D.	
22b. ADDRESS Monett, Mo		22c. DATE SIGNED 5/25/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 26, 1962	
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Webb City, Missouri	
24. FUNERAL DIRECTOR Thornhill-Billon Mortuary, Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 5-28-62	
26. REGISTRAR'S SIGNATURE Mrs. G.N. Cook			

JUN 5 1962

JUN 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.